

FORM 5A

Rev 06/12

State of Colorado Oil and Gas Conservation Commission

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Date Received:

COMPLETED INTERVAL REPORT

The completed interval Report, Form 5A, shall be submitted within thirty (30) days of completing a formation (successful or not), when a formation is temporarily abandoned or permanently abandoned, for a recompletion, reoperation or restimulation, or when a formation is commingled. Fill out a section for each formation. Attach as many pages as required to fully describe the work. List in order of completion.

1. OGCC Operator Number: 47120
2. Name of Operator: KERR-MCGEE OIL & GAS ONSHORE LP
3. Address: P O BOX 173779
City: DENVER State: CO Zip: 80217-
4. Contact Name: JOEL MALEFYT
Phone: (720) 929-6828
Fax: (720) 929-7828

5. API Number 05-123-33403-00
6. County: WELD
7. Well Name: ROBERTSON
Well Number: 15N-19HZ
8. Location: QtrQtr: NWNE Section: 19 Township: 2N Range: 64W Meridian: 6
9. Field Name: Field Code:

Completed Interval

FORMATION: NIOBRARA Status: PRODUCING Treatment Type: FRACTURE

Treatment Date: 10/18/2011 End Date: 10/19/2011 Date of First Production this formation: 04/20/2012

Perforations Top: 10576 Bottom: 11245 No. Holes: Hole size:

Provide a brief summary of the formation treatment: Open Hole: [X]

FRAC'D THROUGH AN OPEN HOLE LINER 10576-11245. AVERAGE TREATING PRESSURE 5992, AVERAGE RATE 49.0, TOTAL BBLS OF FLUID 16591, TOTAL SAND WEIGHT 628531.

This formation is commingled with another formation: [] Yes [X] No

Total fluid used in treatment (bbl): 16591 Max pressure during treatment (psi): 7514

Total gas used in treatment (mcf): Fluid density at initial fracture (lbs/gal): 8.30

Type of gas used in treatment: Number of staged intervals: 5

Total acid used in treatment (bbl): Max frac gradient (psi/ft):

Recycled water used in treatment (bbl): Flowback volume recovered (bbl):

Fresh water used in treatment (bbl): 4170 Disposition method for flowback: DISPOSAL

Total proppant used (lbs): 628531 Rule 805 green completion techniques were utilized: [X]

Reason why green completion not utilized:

Fracture stimulations must be reported on FracFocus.org

Test Information:

Date: 04/24/2012 Hours: 24 Bbl oil: 160 Mcf Gas: 200 Bbl H2O: 0

Calculated 24 hour rate: Bbl oil: 160 Mcf Gas: 200 Bbl H2O: 0 GOR: 1250

Test Method: FLOWING Casing PSI: 1150 Tubing PSI: 800 Choke Size: 16/64

Gas Disposition: SOLD Gas Type: WET Btu Gas: 1129 API Gravity Oil: 44

Tubing Size: 2 + 3/8 Tubing Setting Depth: 6906 Tbg setting date: 04/20/2012 Packer Depth:

Reason for Non-Production:

Date formation Abandoned: Squeeze: [] Yes [] No If yes, number of sacks cmt

Bridge Plug Depth: Sacks cement on top:

Comment:

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I hereby certify all statements made in this form are, to the best of my knowledge, true, correct, and complete.

Signed: _____ Print Name: JOEL MALEFYT
Title: REGULATORY ANALYST Date: _____ Email: JOEL.MALEFYT@ANADARKO.COM
:

Attachment Check List

| Att Doc Num | Name |
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| <u>User Group</u> | <u>Comment</u> | <u>Comment Date</u> |
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